Commonwealth of Massachusetts
Department of Mental Health Volunteer Application

Please fill out the application form so that we can fully take advantage of your offer to volunteer your services to the Massachusetts Department of Mental Health. Please answer all of the questions

Your Name _____ Telephone _____ _____
last first day evening

_____ _____
number & street address city, state & zipcode

In Case of Emergency Please Call: Name:_____

Relationship:_____Telephone: _____ _____
day evening

Are you under 18 yrs. of age? Yes ___ No ___

What kind of volunteer experience do you want ? How long would you be able to make a commitment?
_____

_____

Have you ever volunteered before? Where? For how long?
_____

_____

Can you provide a reference from the organization where you were a volunteer?

_____
name phone number

How did you hear about the DMH Volunteer Program ? Do you have any experience working with people with mental illness?
_____

_____

Please indicate your area(s) of interest, e.g., Hospital, Community Residence, Social Club, Day Treatment, Homeless Shelter, Fundraising, Public Relations, Patient Work/Training Programs, Sports, Other:
_____

_____

_____

When would you be available to volunteer (days of week, nights, days etc.)?
_____

_____

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Please indicate any special skills you have (e.g., cooking, foreign language, computer, writing, playing games, cosmetology, fashion, singing, poetry, knitting/crocheting, musical instrument)

_____

_____

_____

_____

_____

List any special training or licenses you have (include drivers license):_____

_____

CURRENT OR MOST RECENT EMPLOYER

Name & Address of Employer _____

Your position _____

how long there?

PERSONAL REFERENCES (please do not use relatives)

Name:_____ Telephone:_____

Street:_____ City:_____

Relationship:_____

Name:_____ Telephone:_____

Street:_____ City:_____

Relationship:_____

REQUIRED INFORMATION (as per DMH Policy #97-2)

Have you ever been convicted of a felony? Yes___ No___

If yes, explain_____

Have you ever been convicted of any other offense against the law? Yes___ No___

If yes, explain_____

Signature:_____ Date:_____